

23 1929

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

20579

## 1. PLACE OF DEATH

County AndrewRegistration District No. 16Township RochesterPrimary Registration District No. 5-020City                      (No.                     )File No.                     Registered No.                     St.                      Ward)                     

## 2. FULL NAME

(a) Residence. No.                      Ward.                       
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Mary Augusta Hayes6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 13 1860

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

69224

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Miss Co Ohio10. NAME OF FATHER William C. Hayes11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio12. MAIDEN NAME OF MOTHER Howby13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) W. Va.

## 14.

INFORMANT C. B. Hayes  
(Address) Union Stor Mo

## 15.

FILED                     , 19                      REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7 1929

17.

I HEREBY CERTIFY, That I attended deceased from Mar 1 1929 to June 7 1929, that I last saw him alive on June 7 1929, and that death occurred, on the date stated above, at 3:30 a.m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Heart Block5695A(duration) yrs. 3 mos. 7 ds.

## CONTRIBUTORY (SECONDARY)

Arterio Sclerosis(duration) yrs. 1 mos.                      ds.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF                     WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. M. Reynolds M. D.6/7 1929 (Address) Union Stor Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

## 19. PLACE OF BURIAL, CREMATION, OR REMOVAL

## DATE OF BURIAL

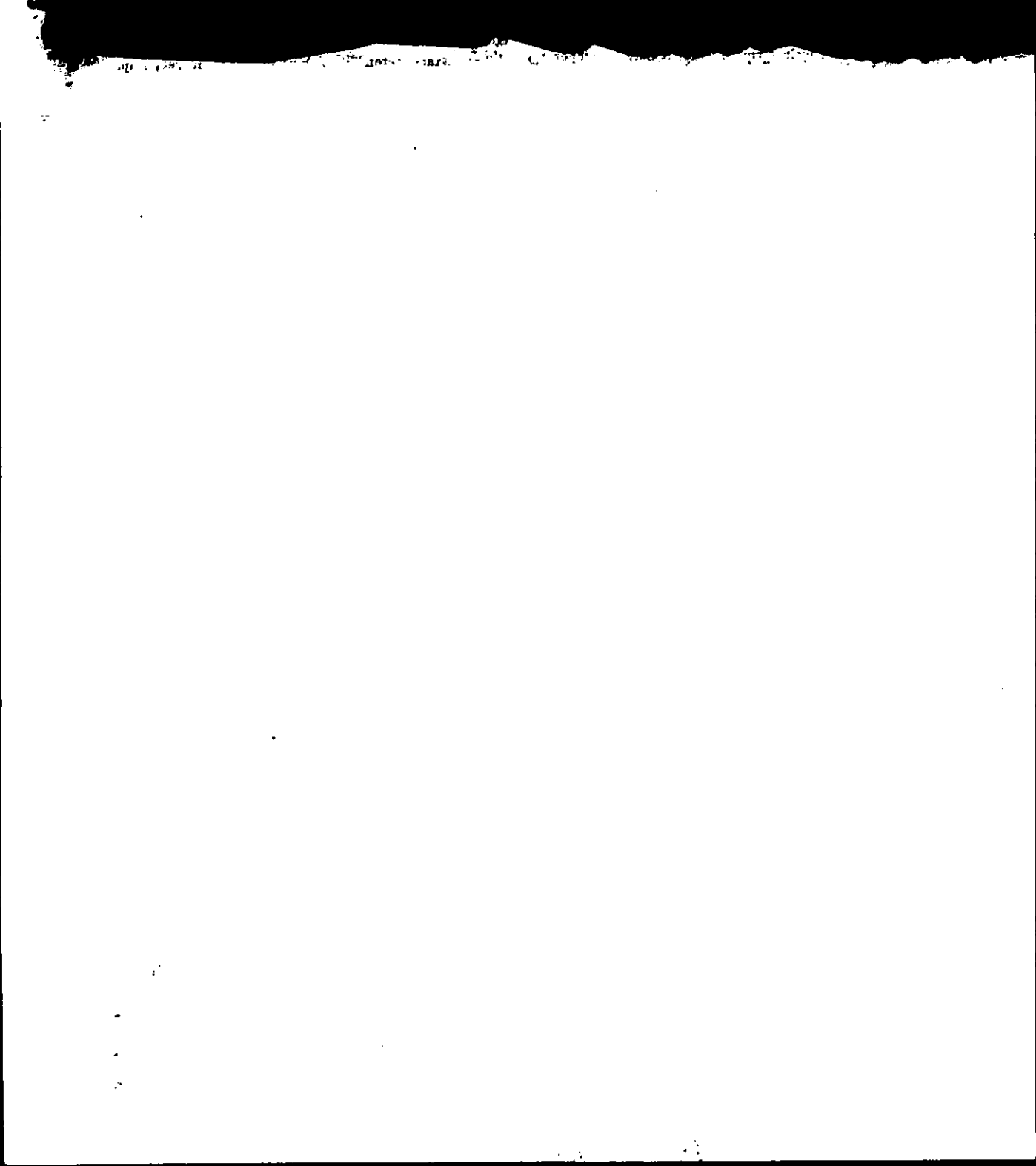
Union StorJune 9 1929

## 20. UNDERTAKER

R. S. Tappert

## ADDRESS,

King City



**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH  
 County Andrew Registration District No. 16 File No. ....  
 Township Rochester Primary Registration District No. 3020 Registered No. ....  
 City ..... (No. ....) St. .... Ward)

2. FULL NAME John Will Hayes  
 (a) Residence No. Delena #2 Ward. .... (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Augusta Hayes

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch 12 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
69 2 24

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work. Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....  
 (c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Meigs Co. Ohio

PARENTS

10. NAME OF FATHER William C. Hayes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Harvey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) W. Va.

14. INFORMANT J. B. Hayes  
 (Address) Union Star Mo

15. FILED June 19 29 Mrs. Bettie Boggs  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7 1929

17. I HEREBY CERTIFY That I attended deceased from Mch 1 1929 to June 7 1929 that I last saw him alive on June 7 1929 and that death occurred, on the date stated above, at 5:50 a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Heart Block  
 (duration) ..... yrs. 3 mos. 7 ds.  
 CONTRIBUTORY (SECONDARY) Arteriosclerotic Rheumatism  
 (duration) ..... yrs. 1 mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
 (Signed) E. M. Reynolds M. D.  
67 1929 (Address) Union Star Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
Union Star June 9 1929

20. UNDERTAKER ADDRESS  
R. G. Taggart King city Mo

SUPPLEMENTARY

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGENTS should be trained EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LA.

5-20579